

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577929

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		1		1		
8		1		1		
9		1		1		
10	0		1			
11	1		1			
12		1		1		
13	2		1			
14	0		1			
15	0		1			
16	0		1			
17	1		1			
18	0		1			
19	0		1			
20	2		2			
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TOTAL IND.	2		2			
TOTAL DEP.	26	←	23	←		
TOTAL CLAIMS	28	████████	25	████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					████████	